

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2007 08:00 AM
Secretary of State

DOCUMENT # U00021

1. Entity Name
**BOLL WEEVIL ERADICATION FOUNDATION OF
FLORIDA, INC.**



Principal Place of Business

PO BOX 921
JAY, FL 32565

Mailing Address

PO BOX 921
JAY, FL 32565

DO NOT WRITE IN THIS SPACE



02222007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-2843812

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**DIAMOND, JOHN M
12778 CHUMUCKLA HWY.
JAY, FL 32565**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000653218
03/13/07-80012-007 70.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SMITH, LEWIE J
3075 HICKORY HOLLOW LANE
JAY, FL 32565**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DAVID, JERRY
10410 HWY. 87 N.
MILTON, FL 32570**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WARD, BRETT
4761 HWY 99 A
WALNUT HILL, FL 32568**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DAVIS, MICHAEL
3900 VICKS RD.
GRACEVILLE, FL 32440**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MELTON, DON
25410 SHORTY SEGERS RD.
ALTHA, FL 32421**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
DIAMOND, JOHN M
12778 CHUMUCKLA HWY
JAY, FL 32565**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John M. Diamond

John M. Diamond

Date

2-22-07

Daytime Phone #

850-675-6480